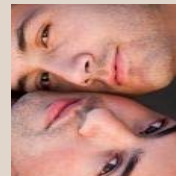




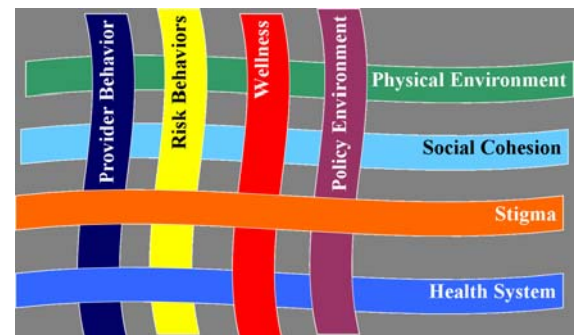
Moving Forward Together: A Needs Assessment Research Agenda for HIV Prevention in Indiana



HIV continues to affect the health of Indiana communities. While the past twenty years bear witness to cutting edge prevention and treatment initiatives, we are no closer to stemming the tide of HIV. There is a need for new learning to guide future HIV policy and programs, so that by 2025 HIV will be a distant memory.

In February 2010, the Indiana Minority Health Coalition funded a process to define the HIV prevention research agenda for Indiana. Leadership for the process was provided by the Indiana HIV Prevention Community Planning Group's Needs Assessment Committee. The committee included members of the Community Planning Group, members of sub-populations affected by HIV in Indiana, technical advisors with evaluation, HIV prevention, capacity building and epidemiology specializations and research partners from several Indiana universities. The committee sought ongoing feedback from members of the CPG and from the public through an online forum. Committee work was also informed by findings from a comprehensive review of previous needs assessments focused on Indiana (1998-2009) and a review of assessment approaches by states similar to Indiana.

This document details an HIV prevention research agenda which builds upon the last decade of learning, relies on partnerships to extend our understanding across programs and client populations, and focuses on understanding structural factors that impact community health. Our collective health is dependent upon a web of factors. Our improved health depends upon our ability to understand these factors in their complexity and interaction. (see inset)



HIV Prevention Research Priorities

Indiana communities, planning coalitions and research partners are encouraged to focus on one or more of the following priorities to help shape a more comprehensive understanding of HIV in Indiana:

- **Stigma**
- **Provider Behaviors**
- **Perspectives and Behaviors of Sub Populations**
- **Community Infrastructure**
- **Health System Opportunities and Failures**
- **Policy Environment**

Understanding Stigma

Focus

Stigma about HIV and STDs, sexuality, sex talk, LGBT persons, disclosure about HIV or STDs, addiction, race and ethnicity, immigration status, depression, and health services access.

Stigma: a socially constructed label that is negative.

Learning Goals (e.g. what do we want to know?)

1. What are the expressions of stigma in Indiana? How are they different from place to place? Subject to subject? What is the experience of layered stigma?
2. What are the characteristics of internalized stigma among priority populations?
3. How is stigma (perceived and experienced) a barrier to prevention information, service access and healthy living?
4. What are the opportunities for social marketing intervention?
5. How should the health system change to reduce the expression of stigma and stigmatizing situations?

Sample (e.g. who do we want to learn from?)

1. Health providers (HIV specific providers; Non-HIV specific providers who are likely in the orbit of people at risk for or living with HIV)
2. People living with HIV, their family members, social networks
3. Religious communities
4. General public (distinct age group samples)
5. Community gatekeepers/leaders in African American communities, Hispanic communities, rural communities and immigrant communities

Methods (e.g. how will we gather this information?)

1. Utilize a community participatory research model
2. Focus groups and key informant interviews – to help define stigmas and their expression
3. Survey
 - PLWHA in care and providers of HIV related services: Partner with HIV Care planning partners (TGA and CHSPC) to add questions to consumer and provider surveys; construct survey for HIV and STD prevention services providers.
 - Youth in High Schools: Partner with YRBS to add questions to survey instruments 2013 and beyond.
 - Public and Gate Keepers – street surveys? Online? Health fairs and expos. Leverage opportunities for rapid assessments.
 - Secondary analysis of select household surveys



Provider Behaviors



Learning Goals (e.g. what do we want to know?)

1. How do providers support the delivery of effective HIV prevention services to priority populations?
 - What provider behaviors enhance or inhibit HIV and STD prevention? (Access and use of services, consideration and adoption of healthier behaviors)
 - What prevention messages are providers communicating, and how are they communicated? (HIV and STD testing and services, access to health services, sex and sexuality)
2. How are providers striving to be culturally relevant to the populations they serve?
3. How do factors such as location and organization of services impact provider behavior? (e.g. rural, referral networks, organization of services – health clinics, emergency rooms, jails, treatment programs, etc.)

Are effective HIV prevention services being offered to priority populations?

Sample (e.g. who do we want to learn from?)

1. HIV prevention and care funded providers
2. STD providers
3. Non-HIV specific health providers who are in the orbit of people who live with or are at risk for HIV/AIDS: long term care, women's health and family planning, urgent care/emergency room, alternative and traditional medicine, migrant health, jail and prison health, community health, substance abuse and mental health treatment

Methods (e.g. how will we gather this information?)

1. Utilize a community participatory research model
2. Focus Groups (Convenience: professional health conferences, health fairs)
3. Secondary analysis of Medicaid utilization and hospital discharge data to identify providers and related services
4. Review of ISDH prevention contract provider data (EvaluationWeb).
5. Survey
6. Gap testing by CPG members or others – related to structural gaps in the system of care, provider behaviors and messages
7. Health system users: PLWHA and priority populations



Perspectives and Behaviors of Sub-Populations

Learning Goals (e.g. *what do we want to know?*)

1. Sexual practices, networks, partner histories, disclosure practices and beliefs
2. Construction of risk, sex, HIV and STDs, substance use, sexuality
 - Role of stigma in the construction of risk; experiences and perceptions of stigmas
3. Health Access: Knowledge, beliefs about/construction of health and treatment/services access and use
 - Experiences of treatment/service attempts or access for substance abuse, depression, partner violence
4. Social networks and cohesion (connectedness to family, friends, community)
5. Environmental experiences: rural life, life in jail or prison, housing transition

Sample (e.g. *who do we want to learn from?*)

Men who have sex with other men (all race/ethnicities; self identifying and those who do not self identify as gay or bisexual)

Black women (African American and Black African)

Heterosexual Black men

Heterosexual Hispanic men

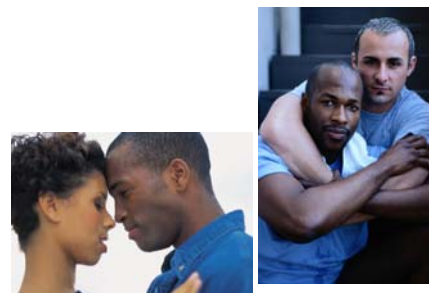
Hispanic women

Injection drug users

People with substance use/abuse histories

Rural youth and adults, with oversampling of ethnic minorities

Youth and young adults, ages 13-20



Methods (e.g. *how will we gather this information?*)

1. Utilize a community participatory research model
2. Focus groups
3. Key informant interviews
4. Surveys (Youth in High Schools: add questions to 2013 YRBS survey instrument; MSM)

Community Infrastructure

Learning Goals (e.g. what do we want to know?)

What is the community health infrastructure and how does it support or hinder HIV and STD prevention?

Methods (e.g. how will we gather this information?)

1. Utilize a community participatory research model
2. Review community mapping and asset projects focused on Indiana communities (Wabash, minority health coalitions, etc.)
3. Conduct statewide community asset mapping
 - Enhance with data from Stigma study and from secondary analysis of Medicaid and hospital discharge data.

Health System Opportunities & Failures

Learning Goals (e.g. what do we want to know?)

1. What are the opportunities for HIV prevention among PLWHA in care?
2. What are the experiences of treatment attempts or access for substance abuse, depression and partner violence among priority populations? (see perspectives and behaviors of sub populations)
3. What are the missed opportunities for prevention and other services?

How well does the current system support HIV prevention?

Methods (e.g. how will we gather this information?)

1. Utilize a community participatory research model
2. Survey
 - PLWHA in care and providers of HIV related services: Partner with HIV Care planning partners (TGA and CHSPC) to add questions to consumer and provider surveys
 - Priority populations – experience of prevention service providers
3. Review of select epi data: delayed HIV testing (health at first HIV+ test); out of care for HIV; STD, HIV and Hepatitis co-occurrence or shared history (e.g. co-occurrence or history of STDs and Hepatitis among those who are newly diagnosed with HIV).

Continuous Review of the Policy Environment

Key policies for review and further study:

1. HIV testing: rapid and routine
 - What is the need for rapid and routine HIV testing?
 - What is the impact of routine and rapid HIV testing on early diagnosis?
2. Availability and use of substance abuse treatment
 - Modeling: how might the expansion of substance abuse treatment impact HIV risk behaviors and health services utilization in priority populations?
3. Availability of treatment for depression
 - How would the expansion of treatment for depression impact risk for HIV and access of health services?
4. Access to comprehensive sex and sexuality education
 - What is the status of comprehensive sex and sexuality education in Indiana? (Existence, availability, evaluable outcomes)
 - How are stigmas expressed in the available curricula?
 - What are the missed opportunities for STD, HIV and pregnancy prevention?
5. Syringe access and harm reduction
 - What are the opportunities for the expansion of syringe access, overdose prevention and harm reduction programming among injection drug using communities?
6. Health Care Reform –What are the implications and opportunities for STD, HIV and Hepatitis prevention and treatment?



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